

Date: April 2002

To: DOE Oak Ridge Fleet Managers

From: Brenda Ivey, DOE-ORO Fleet Manager

Subject: **DOE Fleet Vehicle Accident Report Procedures**

According to the FMR and FPMR, the attached procedures are to be followed when a government-owned or government-leased vehicle is involved in an accident.

All motor vehicle accidents must be reported by e-mail or phone call to the DOE-ORO Fleet Manager within one working day of the accident. The following paperwork is required to be submitted to the ORO Fleet Manager within three working days of the accident:

SF-91
SF-94
Estimate of damages
Pictures of Damaged Vehicle (if available)

Motor Vehicle Accident Reporting

According to FMR and FPMR

April 2002

Federal Management Regulations (FMR 102-34.100)

102-34.300 What forms do I use to report an accident involving a motor vehicle owned or leased by the Government?

GSA recommends the following forms for use to report an accident in any State, Commonwealth, territory or possession of the United States and the District of Columbia. The forms should be carried in any motor vehicle owned or leased by the Government.

(a) *Standard Form 91, Motor Vehicle Accident Report*. The motor vehicle operator should complete this form at the time and scene of the accident if possible, even if damage to the motor vehicle is not noticeable.

(b) *Standard Form 94, Statement of Witness*. This form should be completed by any witness to the accident.

102-34.305 To whom do we send accident reports?

Send accident reports as follows:

(a) If the motor vehicle is owned or leased by your agency, follow your internal agency directives.

(b) If the motor vehicle is managed by the GSA Fleet, report the accident to GSA in accordance with subpart 101-39.4 of this title.

Federal Property Management Regulations (FPMR 101-39.401)

[Code of Federal Regulations]
[Title 41, Volume 2, Chapter 101]
[Revised as of July 1, 2000]
From the U.S. Government Printing Office via GPO Access
[CITE: 41CFR101-39.401]

[Page 391-392]

TITLE 41--PUBLIC CONTRACTS AND PROPERTY MANAGEMENT

CHAPTER 101--FEDERAL PROPERTY MANAGEMENT REGULATIONS

PART 101-39--INTERAGENCY FLEET MANAGEMENT SYSTEMS--Table of Contents

Subpart 101-39.4--Accidents and Claims

Sec. 101-39.401 Reporting of accidents.

(a) The operator of the vehicle is responsible for notifying the following

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persons immediately, either in person, by telephone, or by facsimile machine of any accident in which the vehicle may be involved:

(1) The manager of the GSA IFMS fleet management center issuing the vehicle;

(2) The employee's supervisor; and

(3) State, county, or municipal authorities, as required by law.

(b) In addition, the vehicle operator shall obtain and record information pertaining to the accident on Standard Form 91, Motor Vehicle Accident Report. Only one copy of the Standard Form 91 is required. When completed, the Standard Form 91 shall be given to the vehicle operator's supervisor. The vehicle operator shall also obtain the names, addresses, and telephone numbers of any witnesses and, wherever possible, have witnesses complete Standard Form 94, Statement of Witness, and give the completed Standard Form 94 and other related information to his or her supervisor. The vehicle operator shall make no

statements as to the responsibility for the accident except to his or her supervisor or to a Government investigating officer.

(c) Whenever a vehicle operator is injured and cannot comply with the above requirements, the agency to which the vehicle is issued shall report the accident to the State, county, or municipal authorities as required by law, notify the GSA IFMS fleet manager of the center issuing

the vehicle as soon as possible after the accident, and complete and process Standard Form 91. A complete copy of the accident report shall be forwarded to the appropriate GSA office as outlined in the vehicle operator's packet.

[51 FR 11023, Apr. 1, 1986, as amended at 56 FR 59891, Nov. 26, 1991;
58
FR 65291, Dec. 14, 1993]

**MOTOR VEHICLE
ACCIDENT REPORT**Please read the
Privacy Act State-
ment on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

SECTION I - FEDERAL VEHICLE DATA

| | | | | | | |
|--|---------------------------|--------------------|---|----------|---|--|
| 1. DRIVER'S NAME (Last, first, middle) | | | 2. DRIVER'S LICENSE NO./STATE/LIMITATIONS | | 3. DATE OF ACCIDENT | |
| 4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS | | | | | 4b. WORK TELEPHONE NUMBER | |
| 5. TAG OR IDENTIFICATION NUMBER | 6. EST. REPAIR COST \$ | 7. YEAR OF VEHICLE | 8. MAKE | 9. MODEL | 10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 11. DESCRIBE VEHICLE DAMAGE | | | | | | |

SECTION II - OTHER VEHICLE DATA (Use Section VII if additional space is needed.)

| | | | | | |
|---|---------------------|--|---|--------------------------|--|
| 12. DRIVER'S NAME (Last, first, middle) | | | 13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS | | |
| 14a. DRIVER'S WORK ADDRESS | | | 14b. WORK TELEPHONE NUMBER | | |
| 15a. DRIVER'S HOME ADDRESS | | | 15b. HOME TELEPHONE NUMBER | | |
| 16. DESCRIBE VEHICLE DAMAGE | | | 17. ESTIMATED REPAIR COST \$ | | |
| 18. YEAR OF VEHICLE | 19. MAKE OF VEHICLE | 20. MODEL OF VEHICLE | | 21. TAG NUMBER AND STATE | |
| 22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS | | | 22b. POLICY NUMBER | | |
| | | | 22c. TELEPHONE NUMBER | | |
| 23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED | | 24a. OWNER'S NAME(S) (Last, first, middle) | | 24b. TELEPHONE NUMBER | |
| 25. OWNER'S ADDRESS(ES) | | | | | |

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

| | | | | | |
|--------------------------------|---|--|--|--|------------------------|
| 26. NAME (Last, first, middle) | | | 27. SEX | 28. DATE OF BIRTH | |
| 29. ADDRESS | | | | | |
| A | 30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN | | 31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2) | 32. LOCATION IN VEHICLE | 33. FIRST AID GIVEN BY |
| | 34. TRANSPORTED BY | | 35. TRANSPORTED TO | | |
| | | | | | |
| 36. NAME (Last, first, middle) | | | 37. SEX | 38. DATE OF BIRTH | |
| 39. ADDRESS | | | | | |
| B | 40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN | | 41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2) | 42. LOCATION IN VEHICLE | 43. FIRST AID GIVEN BY |
| | 44. TRANSPORTED BY | | 45. TRANSPORTED TO | | |
| | | | | | |
| 46. Pedes- trian | a. NAME OF STREET OR HIGHWAY | | | b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO | |
| | | | | | |
| | c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.) | | | | |

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

| | |
|----------------------------------|---|
| 47. DATE OF ACCIDENT | 48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description). |
| 49. TIME OF ACCIDENT AM PM | |

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

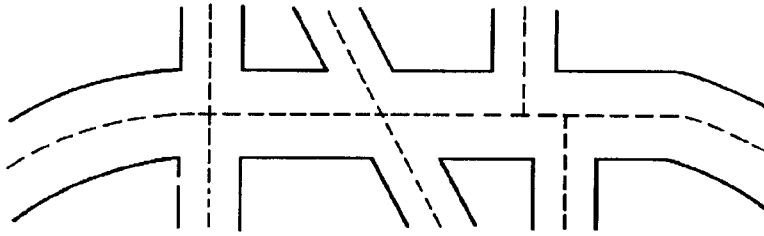
Example: → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident

c. Show pedestrian by

d. Show railroad by + + + + +

e. Place arrow in this circle to indicate NORTH

**51. POINT OF IMPACT** (Check one for each vehicle)

| FED | 2 | AREA |
|-----|---|-------------|
| | | a. FRONT |
| | | b. R. FRONT |
| | | c. L. FRONT |
| | | d. REAR |
| | | e. R. REAR |
| | | f. L. REAR |
| | | g. R. SIDE |
| | | h. L. SIDE |

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.) and driver actions (making U-turn, passing, stopped in traffic, etc.).

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

| | | | |
|---|--------------------------------|---------------------------|---------------------------|
| A | 53. NAME (Last, first, middle) | 54. WORK TELEPHONE NUMBER | 55. HOME TELEPHONE NUMBER |
| | 56. BUSINESS ADDRESS | 57. HOME ADDRESS | |
| B | 58. NAME (Last, first, middle) | 59. WORK TELEPHONE NUMBER | 60. HOME TELEPHONE NUMBER |
| | 61. BUSINESS ADDRESS | 62. HOME ADDRESS | |

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

| | | |
|--------------------------------|------------------------------|----------------------------|
| 63a. NAME OF OWNER | 63b. OFFICE TELEPHONE NUMBER | 63c. HOME TELEPHONE NUMBER |
| 63d. BUSINESS ADDRESS | 63e. HOME ADDRESS | |
| 64a. NAME OF INSURANCE COMPANY | 64b. TELEPHONE NUMBER | 64c. POLICY NUMBER |
| 65. ITEM DAMAGED | 66. LOCATION OF DAMAGED ITEM | 67. ESTIMATED COST \$ |

SECTION VII - POLICE INFORMATION

| | | |
|------------------------------|-----------------------------------|-----------------------|
| 68a. NAME OF POLICE OFFICER | 68b. BADGE NUMBER | 68c. TELEPHONE NUMBER |
| 69. PRECINCT OR HEADQUARTERS | 70a. PERSON CHARGED WITH ACCIDENT | 70b. VIOLATION(S) |

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

73. DESTINATION

74. EXACT PURPOSE OF TRIP

| | | | | | |
|---|--|--------------------------------------|--|-----------------------|-----------------------------------|
| 75. TRIP BEGAN | DATE | TIME (Circle one) a.m. p.m. | 76. ACCIDENT OCCURRED | DATE | TIME (Circle one) a.m. p.m. |
| 77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain) | | | 78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain) | | |
| 79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | | 80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain) | | |
| 81. COMPLETED BY DRIVER'S SUPERVISOR | a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | b. COMMENTS | | | |
| 82a. NAME AND TITLE OF SUPERVISOR | | 82b. SUPERVISOR'S SIGNATURE AND DATE | | 82c. TELEPHONE NUMBER | |

SECTION XI - ACCIDENT INVESTIGATION DATA83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☐ NO (If "Yes", explain below.)**84. PERSONS INTERVIEWED**

| NAME | DATE | NAME | DATE |
|------|------|------|------|
| a. | | c. | |
| b. | | d. | |

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVAL

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR

a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER

88. ACCIDENT REVIEWING OFFICIAL

a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER

STANDARD FORM 94 (REV. 2-83)
Prescribed by GSA, FPMR 101-39.

FILE REFERENCE:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident, and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.